

Georgia HAI Advisory Committee Meeting (GHAIAC)
April 27th 2016
Alliant Quality

Attending GHAIAC members: Chris Bower, Melody Brown, Angelina Davis, Pam Falk, Jesse Jacob, Bob Jerris, Sheenah Kandiah, Kristina Lam, Lauren Lorentzson, Peggy McGee, Renee Miller, Jeanne Negley, Bonnie Norrick, Tonia Parrott, Kim Rask, Craig Smith, Liz Smith, Jay Steinberg, Robert Thornton, Amy Tunali

| Agenda Item | Presenter | Discussion | Action Item | Responsible Person(s) | Due Date |
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| Welcome and Call to Order | Jeanne Negley, Georgia Department of Public Health (GDPH) | Called to order and introductions began at 9:30 a.m. | | | |
| IDSA Implementing a Stewardship Program | Dr. Craig Smith at Charlie Norwood VA Medical Center | <p>IDSA and SHEA have published guidance on implementing an antibiotic stewardship program. Jordan Wong described a recent article in Clinical Infectious Diseases published in April, 2016. Evidence-based guidelines on the use of antibiograms, rapid diagnostic tests, and other interventions as well as measurements for assessment are summarized and recommended, similar to the 2007 guidelines. Supporting evidence is given where possible, although there are few random control trials or other studies on antibiotic stewardship to support recommendations.</p> <p>Additional comments included:</p> <ul style="list-style-type: none"> • The American Society of Microbiology added information to include the role of the laboratory in stewardship and the impact of rapid testing methods. • The guidelines are helpful for professionals with experience with stewardship programs, but it may be hard to use it to start a new program. • The guidelines do not address culture change and how to implement it, and also do not mention administration buy-in. A top-down approach is important to ensure compliance of doctors and consistency in culture change over time despite potential employee turn-over. It was also expressed that most people appreciate guides for antibiotic stewardship, and that making it less top-down | | | |

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| | | and more collaborative will work a majority of the time. The best way to convince doctors to change is with data, particularly antibiotic use data. | | | |
| Georgia EIP CRE and Gram Negative Surveillance and GDPH's Antibiotic Stewardship Data | Chris Bower, EIP | Chris Bower presented Multi-site Gram-negative Surveillance Initiative (MuGSI) summary data. Covering the 5.4 million, 20-county metropolitan statistical area (MSA), the MuGSI branch of the EIP program conducts surveillance for CRE and cabapenem -nonsusceptible Acinetobacter. Rates of each have declined slowly since 2011. There are no pediatric cases of MuGSI. Mr. Bower discussed a recent successful Pseudomonas surveillance pilot at 2 Atlanta laboratories. | | | |
| | Elizabeth Smith, GDPH | <p>Robert Jerris asked if the markers or mechanisms of resistance are known. The isolates are collected and sent to CDC. KPC is identified often. Acinetobacter is not sent to CDC. Further testing may be performed in the future. Analysis is not stratified by hospital population characteristics. KPC is the most common mechanism seen. Robert Jerris is interested in getting information on the isolates for development of antimicrobials.</p> <p>Elizabeth Smith presented on the core elements of antibiotic stewardship in Georgia in 2014. The NHSN annual survey includes 12 questions pertaining to antibiotic stewardship practices, so Ms. Smith was able to analyze and summarize stewardship data from 126 facilities across the state. It was found that larger hospitals, hospitals with medical school affiliations, and hospitals offering salary support tended to implement at least 5 core elements. Leadership support, reporting, and educational elements were the most common missing stewardship activities.</p> <p>Ms. Smith attempted to compare the programs to outcomes with logistic regression but wasn't able to identify significant relationships.</p> | <p>Members were interested in the percentage of Klebsiella identified as KPC.</p> <p>Members were interested in analysis of 2015 survey results, and if any changes were noted between 2014 and 2015.</p> | Chris Bower | Liz Smith |
| Program Updates | Melody Brown, Alliant Quality | Melody Brown attended the in-person NHSN training in March and completed the requirements to be a TeamSTEPPS Master Trainer. The QIO continues to provide monthly webinars on HAI issues such as TAP and other NHSN reports. | | | |

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| | Jessie Jacob, Emory EpiCenter | <p>She is working on the CDI assessment, which covers 30 hospitals (19 in North Carolina).</p> <p>The QIO is working on recruiting 53 LTCFs to report CDI into NHSN. Other QINs are encountering IT barriers. The first reports from this effort may be available by the end of the year.</p> <p>Dr. Jesse Jacob discussed work at the EpiCenter to observe PPE donning and doffing techniques at the 5 designated Ebola centers in Georgia. It is important to observe differences in the physical environment and protocols, and perform simulations. These observations will occur over the next 6 months.</p> <p>He is also working on a badge monitoring hand hygiene project with 2 hospitals and several ICUs and wards. There is some concern about healthcare workers being uncomfortable with the “Big Brother” aspect of the monitoring, so they are interviewing about attitudes to optimize the system. It may also be used to track personnel as they move through the rooms to optimize workflow. This system will probably include cleaning staff as well as healthcare workers.</p> | | | |
| | Kristina Lam, Georgia Department of Public Health | <p>Kristina Lam presented on ICAR grant activities. This is a CDC-funded, state-based HAI prevention program that builds on Ebola response and the existing HAI networks. It includes on-site assessments and evaluations of existing infection control infrastructure.</p> <p>The goal is to conduct 159 ICARs at Georgia facilities (to include acute, long-term care, dialysis and outpatient settings by 2018. Jeanne Negley said she would send the GHAIAC the ICAR tools.</p> | Send GHAIAC the ICAR tools | Jeanne Negley | |
| | Amy Tunali, Emerging Infections Program | <p>Amy Tunali presented on activities under the Emerging Infections Program. Since 2005, the incidence rate of invasive MRSA has been trending downward. The incidence declined from 26.6 cases per 100,000 in 2010 to 22.7 cases per 100,000 in 2015. This is primarily due to a decline in hospital-onset</p> | | | |

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| | Roben Summers, Georgia Hospital Association, Hospital Engagement Network | <p>cases. In 2016, the EIP expanded Staphylococcus surveillance to include MSSA surveillance. Based on a pilot in 2015, iMSSA epidemiology and risk factors may be different from iMRSA.</p> <p>The incidence of candidemia has declined from 14.2 cases per 100,000 in 2008 to 8.1 cases per 100,000 in 2015 according to preliminary data. In 2016, all EIP sites begin collecting treatment data for candidemia to ensure treatments are appropriate and completed as prescribed.</p> <p>In the second half of 2016, the EIP will begin routine surveillance for Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CR-PA). A pilot was conducted for CR-PA at 2 sentinel sites during the fall of 2015, and the data are currently being analyzed.</p> <p>GHA is working with the Health Research and Educational Trust (HRET) on CAUTI and CLABSI in 47 hospital ICUs in Georgia. This project will include site visits at each hospital and completion of an assessment to address HAIs.</p> <p>Additional GHA projects include:</p> <ul style="list-style-type: none"> - A mentoring program for new IPs - May 3, and 4, 2016 LTC Infection Prevention Training conducted with GDPH. 71 individuals have signed up to attend. - May 18th HEN meeting for HAI reduction success stories. - DPH Zika webinar on May 3, 2016. | | | |
| Approval of Minutes | Lauren Lorentzson, Georgia Department of Public Health | The minutes from the prior meeting of the GHAIAC were approved without revisions. | | | |
| Adjournment | Jeanne Negley, Georgia Department of Public Health | The next meeting will be June 27 th , 2016. | | | |